Management of a patient presented with amitriptyline poisoning- a rare case report

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Tricyclic Antidepressant overdose for suicidal poisoning purpose is not frequent but still possible in patient and his near relative due to its availability at home. On susception laboratory testing is required for many poisons but availability is limited and any delay in diagnosis and starting management may worsen the patient's condition.

Amongst all TCAs, Amitriptyline is classic having sedative and anticholinergic properties. Its self-poisoning is not that much common in general population.

Here we are reporting a case of Amitriptyline poisoning in a healthy women aged 30 years brought by relatives with drowsiness and giddiness to our Emergency Medicine Department, LG Hospital, Narendra Modi Medical College, Ahmedabad. Her relatives had given history of self-ingestion of 30 Tab of Amitriptyline Hydrochloride. Each Tablet contained 25 mg of drug molecule. On examination in ED, patient was in drowsy but arousable state. Patient had tachycardia (130/min), high blood pressure (140/90 mm of Hg) and tachypnoea (RR 24/min). Except tachycardia her ECG did not show any significant findings. She was taking Tab. Amitriptyline for her psychiatric problems. Urine sample for toxicology was sent and the reports were normal. Other blood investigations were normal. In emergency room, Ryle's tube inserted, gastric sample was collected and she was given activated charcoal lavage and force alkaline diuresis with Inj. Furosemide with saline. She was shifted to emergency ICU for further management. After 12 hours patient was conscious and oriented with stable hemodynamic. She was referred to psychiatry department and then transferred to Medicine department for further care. She remained stable there and discharged after 2 days.